

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/049665** FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND..	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		2		1	
4				1	
5		1			
6		1		1	
7	1		1		
8		1	1		
9		1			
10		3		1	
11	(1)		1		
12	(1)		1		
13	1		1		
14	(1)		1		
15	(1)		1		
16	(1)		1		
17					
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46					
47					
48					
49					
50					
TOTAL IND.		3			
TOTAL DEP.			13		
TOTAL CLAIMS		16			